

SUMMARY OF CONTENTS

Before beginning any work on the application, read the policy guidelines thoroughly. As you complete the grant application, please use this check-list as a guide. Complete and sign this page, and turn it in with the application as page 2. When submitting the grant application, please put together the requested information in the following order. Please check "Yes" if the information is enclosed with the application.

	Yes	No	N/A	GOV Use Only
1. Cover Letter	_____	_____		_____
2. General Information Form (Attached Form, pg 1)	_____	_____		_____
3. Summary of Contents (Attached Form, pg 2)	_____	_____		_____
4. Statement of Need	_____	_____		_____
5. Comprehensive Prevention Intervention Description	_____	_____		_____
6. Coordination of Community-Based Prevention Initiatives	_____	_____		_____
7. Evaluation Component	_____	_____		_____
8. Capacity and Management of Prevention Program	_____	_____		_____
9. Implementation and Evaluation Plan	_____	_____		_____
10. Budget Summary Form (Attached Form)	_____	_____		_____
11. Budget Narrative	_____	_____		_____
12. Current Fiscal Year Agency Budget	_____	_____		_____
13. Next Fiscal Year Agency Budget	_____	_____		_____
14. Proof of 501 (C) Status, if not for profit, community or faith based organization	_____	_____	_____	_____
15. Letters of Support	_____	_____		_____
16. Evaluative Instruments	_____	_____		_____
17. Copy of Current Certificate of Good Standing with Kansas Secretary of State, (785) 296-4564, if not for profit, community or faith based organization	_____	_____	_____	_____
18. a) Copy of Current Audit Report if not for profit; If governmental agency, state when and by whom an audit is completed and where it is kept	_____	_____		_____
b) Copy of auditor's letter to management	_____	_____	_____	_____
c) Copy of applicant's response to auditor's letter to management, if applicable	_____	_____	_____	_____
19. All the information is in the correct order as listed	_____	_____		_____
20. There is one original plus six copies of the grant application and one copy of the current Audit Report if not for profit, community or faith based organization	_____	_____		_____

If the application is submitted incomplete, it will not be reviewed.

SIGNATURE OF PERSON COMPLETING APPLICATION